

<b>JSMC</b>	Policy Title:	Rural Health Clinic Financial Assistance Policy	
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Administrative	Finance Division	Administration / JSMC Finance Committee	6

Approved By: Mr. Finance Date: 11/15/23

Approved By: Jacet Dixon Date: 11/15/23

**PURPOSE:**

Consistent with its mission to commitment to excellence in service and accommodation to the growing healthcare needs of our community, Jennie Stuart Medical Center is committed to providing Rural Health Clinic patients a sliding fee scale discount to individuals who have a household income at or below 200% of the current Federal Poverty Level (FPL) Guidelines (Appendix A). Jennie Stuart Medical Center Rural Health Clinic locations include the following facilities:

- Jennie Stuart Medical Center OBGYN, 1717 High Street, Suite 4B, Hopkinsville, KY 42240
- Jennie Stuart Medical Center Family Health, 105 Keeton Drive, Hopkinsville, KY 42240
- Jennie Stuart Medical Center Family Health, 222 West 18<sup>th</sup> Street, Hopkinsville, KY 42240
- Jennie Stuart Medical Center Family Health, 120 N. Main Street, Trenton, KY 42240

**DEFINITIONS:**

The following terms are meant to be interpreted as follows within this policy:

- **Applicant:** Refers to the individual whose signature appears on the application.
- **Financial Assistance:** Monetary aid to individuals meeting established criteria.
- **Household:** Defined to mimic the state and federal definition of household for healthcare programs, household refers to all persons related by birth, marriage, or adoption who reside together, dependents, and others in the same tax household. Unrelated individuals who are not dependents living at the same address are considered separate households. The following compose the household:
  - The applicant and their spouse.
  - The applicant's unmarried partner if they are the parent of the applicant's child.
  - Anyone under 19 years of age who lives with and is taken care of by the applicant.
  - Anyone claimed as a dependent on the applicant's federal tax return.
  - Anyone who claims the applicant on a federal tax return and their tax dependents.
- **Income:** The modified adjusted gross income (MAGI) as defined by the IRS and used by the state and federal agencies for healthcare programs. Income refers to all cash receipts before taxes with certain adjustments. Income does not include non-cash benefits such as SNAP, school lunch programs, clothing vouchers, or food/rent in lieu of wages. For most patients eligible for sliding fee discounts, income calculation is simple. A full definition of MAGI is available from the IRS.

#### Common income sources included in MAGI:

- Wages, salaries, and tips.
- Social Security benefits.
- Unemployment compensation.
- Net self-employment or business income (generally the amount of money you take in from your business minus your business expenses).
- Alimony.
- Retirement and pension income.
- Investment and rental income.

#### Common income sources excluded from MAGI:

- Child Support.
- Supplemental Security Income (SSI).
- Veteran's disability benefits.
- Workers' compensation.

#### Common Deductions from MAGI:

- Alimony paid.
- Student loan interest and tuition costs paid.
- Individual retirement account contributions.

- Nominal Fee: A small fee that covers the office visit and in-house laboratory services, medications, and vaccines.
- Proof of Income: Must be current information and includes but is not limited to the following.
  - Most recent income tax return or W-2
  - 3 most recent months' pay stubs
  - Most recent unemployment check
  - Proof of other household income (Social Security, pension, etc....)
  - Complete bank statements showing direct deposits and transfers
  - Sufficient information on how patients are currently supporting themselves financially
- Uninsured: Patients with no insurance or third-party assistance to help resolve their financial liability to healthcare providers.
- Underinsured: Patients who have limited healthcare coverage, or coverage that leaves the patient with an out-of-pocket liability, and therefore may still require financial assistance.

#### **POLICY:**

Financial Assistance is provided after uninsured or underinsured patients have been found to meet all qualifying criteria.

#### **PROCEDURE:**

##### A. Eligibility Criteria for Rural Health Clinic Financial Assistance

The Rural Health Clinic sliding fee schedule should only apply to patients with annual incomes at or below 200% of the Federal Poverty Level. Eligibility will be based on household size and income. Patients will remain eligible for one year from the application approval date.

Patients who have a household income at or below 200% of the Federal Poverty Level may qualify for a reduction of total charges (see sliding fee scale). During the application process, the patient will receive the sliding fee discount if they qualify based on the income guidelines. No patient who refuses to apply for any public or private insurance program will be denied access to Jennie Stuart Medical Center Rural Health Clinics Financial Assistance.

Determinations for eligibility will require patients to submit a complete Rural Health Clinic Financial Assistance Application including all documentation required by the application.

Patients with annual incomes above 200% of the Federal Poverty Level or that receive services outside of a Jennie Stuart Medical Center Rural Health Clinic may be eligible for other Financial Assistance programs. For more information, please see Jennie Stuart Medical Center's Financial Assistance Policy.

When determining patient eligibility, Jennie Stuart Medical Center does not consider race, gender, age, sexual orientation, religious affiliation, and social or immigrant status. Jennie Stuart Medical Center will not deny requested healthcare services and shall not discriminate in the provision of services to an individual because the individual is unable to pay for the services or because payment would be made under The Medicare program (Title XVIII for the Social Security Act), the Medicaid program (Title XIX of such act), or the SCHIP (Title XXI of such Act).

**B. Applying for Rural Health Clinic Financial Assistance**

To apply for Rural Health Clinic Financial Assistance, patients must submit a complete application (Appendix B) and proof of income to Jennie Stuart Medical Center Financial Counseling, P.O. Box 2400, Hopkinsville, KY 42240 either in person or by mail. Patients will be encouraged to update their income information and household size annually. Jennie Stuart Medical Center will assist the patient in determining the household size and income as necessary. Any patient who fails to complete the household assessment shall be ineligible for discounts.

Financial counselors are available Monday through Friday, from 7:00am until 3:30pm in the Financial Counseling office located at Jennie Stuart Medical Center, 320 W. 18<sup>th</sup> Street, Hopkinsville, KY 42240 or by phone at 270-887-0332 or 270-887-0100 ext. 4505 to discuss the application process. Jennie Stuart Medical Center has access to translators who can assist patients who are unable to speak English.

**C. Determining the Sliding Fee Scale for Rural Health Clinic Financial Assistance**

The following table should be used to determine the nominal fee for Rural Health Clinic medical services. This nominal fee covers office visits, in-house laboratory services, medications, and vaccines.

<b>Federal Poverty Level</b>	<b>Nominal Fee</b>
0% - 100%	\$10
101% - 150%	\$20
151% - 200%	\$30
Greater than 200%	No discount

**D. Appeal Process**

Patients will be notified of the appeal process through approval and denial determination notifications. If a patient desires to appeal the determination, their written request and reason for an appeal should be directed to Jennie Stuart Medical Center Financial Counseling with all pertinent forms and documentation. The Financial Counseling office will review the appeal and discuss any details with the patient and/or guarantor. A final decision will be issued in writing

within 30 days of receipt of the written appeal.

#### E. Actions in the Event of Non-Payment

The collection actions that Jennie Stuart Medical Center may take if payments are not received are described in a separate billing and collections policy. In brief, Jennie Stuart Medical Center will make certain efforts to provide patients with information about our Financial Assistance Policies, such as including a summary of it with billing statements before collection actions are taken. For more information on Jennie Stuart Medical Center collection activities, please see Jennie Stuart Medical Center's Billing and Collections Policy.

#### F. Communication of Rural Health Clinic Financial Assistance

Jennie Stuart Medical Center's financial assistance policies, applications, and summaries are available to patients in English and Spanish. These documents are available free of charge at all facility locations, by mail, and on our website: <http://www.jenniestuarthealth.org/Patient-Visitors/Financial-Assistance-Guidelines>. These documents can be requested by contacting Jennie Stuart Medical Center Financial Counselors at 270-887-0332 or by mailing your request to Jennie Stuart Medical Center Financial Counseling, P.O. Box 2400, Hopkinsville, KY 42240.

Jennie Stuart Medical Center communicates the availability of financial assistance through means which include:

- Posting signs within waiting rooms and registration areas.
- Personally notifying patients during registration or appointment scheduling.
- Providing information about the policy and how to apply during verbal communication about the patient's bill.
- Ensuring designated staff are knowledgeable of the Rural Health Clinic financial assistance policy and can answer patients' questions or refer patients to the program.
- Notifying local physician practices and representatives of community and social service agencies and other non-affiliated community physician offices about the availability of financial assistance at Jennie Stuart Medical Center and how interested individuals can apply.

#### G. Ensuring Compliance

On an annual basis, the Director of Patient Financial Services or their designee will perform an audit to include:

- a random sampling of billing statements to ensure it includes all information required.
- a visit to each registration point within the organization to ensure each point of entry has access to the updated financial assistance policy, access to the updated financial assistance applications, and that staff are informed on how to notify patients of each.
- an audit of the website to ensure the application and policy are still easily accessible.
- a look-back to ensure the reimbursement rates of the payers being used to calculate an average of "amounts generally billed" does not fall below that of what a patient who qualifies for financial assistance is being billed.

**Patients concerned about their ability to pay for services or who would like to learn more about financial assistance should be directed to the Patient Financial Services Department at (270) 887-0332 or (270) 887-0100 ext. 4505.**

## APPENDIX A: 2024 Federal Poverty Level Guidelines

### 2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Household/ Family Size	Per Year							
	100%	200%	225%	275%	300%	325%	350%	400%
<b>1</b>	\$15,060	\$30,120	\$33,885	\$41,415	\$45,180	\$48,945	\$52,710	\$60,240
<b>2</b>	\$20,440	\$40,880	\$45,990	\$56,210	\$61,320	\$66,430	\$71,540	\$81,760
<b>3</b>	\$25,820	\$51,640	\$58,095	\$71,005	\$77,460	\$83,915	\$90,370	\$103,280
<b>4</b>	\$31,200	\$62,400	\$70,200	\$85,800	\$93,600	\$101,400	\$109,200	\$124,800
<b>5</b>	\$36,580	\$73,160	\$82,305	\$100,595	\$109,740	\$118,885	\$128,030	\$146,320
<b>6</b>	\$41,960	\$83,920	\$94,410	\$115,390	\$125,880	\$136,370	\$146,860	\$167,840
<b>7</b>	\$47,340	\$94,680	\$106,515	\$130,185	\$142,020	\$153,855	\$165,690	\$189,360
<b>8</b>	\$52,720	\$105,440	\$118,620	\$144,980	\$158,160	\$171,340	\$184,520	\$210,880
<b>9</b>	\$58,100	\$116,200	\$130,725	\$159,775	\$174,300	\$188,825	\$203,350	\$232,400
<b>10</b>	\$63,480	\$126,960	\$142,830	\$174,570	\$190,440	\$206,310	\$222,180	\$253,920

## **APPENDIX B: Rural Health Clinic Financial Assistance Application**

Download the Rural Health Clinic Financial Assistance Application at:

<http://www.jenniestuarhealth.org/Patient-Visitors/Financial-Assistance-Guidelines/>